

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047458

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 16 Y

Primary Registration District No. 5594

Registrar's No. 152

STATE FILE NUMBER

FILED DEC 26 1962

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMEC</u>		c. CITY OR TOWN <u>ST. LOUIS Normandy</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INFIRMARY</u>		d. STREET ADDRESS (If outside, give location) <u>7636 NATURAL BRIDGE RD.</u>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>GAFFNEY</u> Last <u>GAFFNEY</u>		4. DATE OF DEATH Month <u>DECEMBER</u> Day <u>11</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-8-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRY GOODS STORE</u>	
11. BIRTHPLACE (City and state or country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PATRICK GAFFNEY</u>		13b. MOTHER'S MAIDEN NAME <u>BESSIE CHILLEN</u>	
14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>95271H</u>		17. INFORMANT <u>BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY</u>	
18. CAUSE OF DEATH (Enter only one cause per line for Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC DECOMPENSATION</u> DUE TO (b) <u>PULMONARY EMPHYSEMA</u> DUE TO (c) <u>ART. CARDIOVASCULAR DISEASE + OLD MYOCARDIAL INFARCT.</u> GENERALIZED ARTEROSCLEROSIS + PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>EPIDERMOID CA OF MOUTH - HYPERTROPHIC DEGENERATIVE ARTHRITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>9.00</u> a.m. <u>PM</u> Month, Day, Year <u>12/11/62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>6/3/1961</u> to <u>12/11/1962</u> and last saw him alive on <u>12/6/1962</u> Death occurred at <u>9.00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Patrick B. Hogan M.D.</u>	
22b. ADDRESS <u>3654 South Grand St. Louis 18</u>		22c. DATE SIGNED <u>12/12/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/14/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
24. FUNERAL DIRECTOR <u>Paul Kelly 7267 Natural Bridge</u>		25. DATE RECD. BY LOCAL REG. <u>12-14-62</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Lammers
Licensed Embalmer No. 4142
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.